

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005660

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 4 1963

Primary Registration District No. 4120

Registrar's No. 6

VS 300
Rev. 4/59

1 0220

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12 90-2

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cleaver		Length of stay in 1b 48 yrs.	c. CITY OR TOWN Cleaver Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At Work		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Dell Middle Twain Last Cranford		4. DATE OF DEATH Month Feb. Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-10-1909
9. AGE (last birthday) 53		IF UNDER 1 YEAR Months 53	IF UNDER 24 HR Days 53 Hours 53 Min. 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY M.F.A. Exchange	11. BIRTHPLACE (City and state or country) Drayton, N.D.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George Cranford	
13b. MOTHER'S MAIDEN NAME Sarah Ellen Mc Lain		14. NAME OF HUSBAND OR WIFE Mary Pauline Melton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address 54 Mary Pauline Cranford, Cleaver, M	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY-THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH SUDDEN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I-(a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:45 a.m. AM Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Christian STATE Missouri	
21. I attended the deceased from 2-11-63 to 2-11-63 and last saw her/him alive on 2-11-63 Death occurred at 7:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE R.C. Mitchell DO (Degree or title)	
22b. ADDRESS Republic Mo		22c. DATE SIGNED 4-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-13-1963	23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	23d. LOCATION (City, town, or county) Springfield, Mo.
24. FUNERAL DIRECTOR W.B. Cantrell Cleaver, Mo.		25. DATE RECD. BY LOCAL REG. March 2, 1963	26. REGISTRAR'S SIGNATURE Oline Hutter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 5 1963

3-6-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.